

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF BLOCKING B-CELL ACTIVATION USING ANTI-CD40 MONOCLONAL ANTIBODIES

the specification of which (check one) \_\_\_\_\_ is attached hereto X was filed on May 28, 1993 as Application Serial No. 08/070,158 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) |         | Day/Month/Year Filed | Priority Claimed |    |
|------------------------------|---------|----------------------|------------------|----|
| Number                       | Country |                      | Yes              | No |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application<br>Serial No. | Filing Date  | Status<br>Patented, Pending, Abandoned |
|---------------------------|--------------|--|
| 07/910,222                | July 9, 1992 | Pending                                |

I HEREBY APPOINT THE FOLLOWING AS MY ATTORNEYS WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT OFFICE CONNECTED THEREWITH:

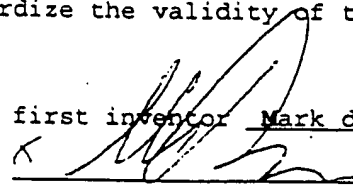
|                           |        |
|---------------------------|--------|
| Robert P. Blackburn       | 30,447 |
| Ling-Fong Chung           | 36,482 |
| Amy T. Collins            | 33,370 |
| Kenneth M. Goldman        | 34,174 |
| Grant D. Green            | 31,259 |
| Barbara G. McClung        | 33,113 |
| Philip L. McGarrigle, Jr. | 31,395 |

Send Correspondence to:

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Thereby declare that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Mark de Boer

Inventor's signature 

Date

8/9/93

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Full name of sole or second inventor Leah B Conroy

Inventor's signature \_\_\_\_\_

Date

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Post Office Address 515 Beaumont Boulevard, Pacifica, California 94044

Full name of sole or second inventor \*\*\*

Inventor's signature \_\_\_\_\_

Date

Residence \*\*\*

Citizenship \*\*\*

Post Office Address \*\*\*

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Full name of sole or first inventor Mark de Boer

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Inventor's signature X Leah B Conroy Date X August 2, 1993

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Full name of sole or second inventor \*\*\*

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \*\*\*

Citizenship \*\*\*

Post Office Address \*\*\*